

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
						CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	IND	IND	IND	IND	IND
	IND	DEP	IND	DEP	IND	IND	DEP	IND	DEP	IND	DEP
1						51					
2						52					
3						53					
4						54					
5						55					
6						56					
7						57					
8						58					
9						59					
10						60					
11						61					
12						62					
13						63					
14						64					
15						65					
16						66					
17						67					
18						68					
19						69					
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27						77					
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31						81					
32						82					
33						83					
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36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	4					TOTAL IND.					
TOTAL DEP.	10					TOTAL DEP.					
TOTAL CLAIMS	14					TOTAL CLAIMS					